

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------|---------|
| FEE DETERMINATION | <i>Dr</i> | 67614 | 3/1/00 |
| O.I.P.E. CLASSIFIER | <i>E</i> | | |
| FORMALITY REVIEW | | 71634 | 4/20/00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|--------|
| 1 | ✓ | ✓ | 3/1/00 |
| 2 | ✓ | ✓ | 3/1/00 |
| 3 | ✓ | ✓ | 3/1/00 |
| 4 | ✓ | ✓ | 3/1/00 |
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| 6 | ✓ | ✓ | 3/1/00 |
| 7 | ✓ | ✓ | 3/1/00 |
| 8 | ✓ | ✓ | 3/1/00 |
| 9 | ✓ | ✓ | 3/1/00 |
| 10 | ✓ | ✓ | 3/1/00 |
| 11 | ✓ | ✓ | 3/1/00 |
| 12 | ✓ | ✓ | 3/1/00 |
| 13 | ✓ | ✓ | 3/1/00 |
| 14 | ✓ | ✓ | 3/1/00 |
| 15 | ✓ | ✓ | 3/1/00 |
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| 18 | ✓ | ✓ | 3/1/00 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)